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DM-10/2003

ATTORNEY DOCKET NO.: KCX-839 (18971)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: MacDonald, et al.	)	Examiner: Unknown
	)	
Serial No.: 10/687,270	)	Group Art Unit: 1616
	)	
Filed: October 16, 2003	)	Customer ID: 22827
	)	
Confirmation No.: 9987	)	Deposit Account No.: 04-1403
	)	
For: Visual Indicating Device For Bad Breath	)	

Commissioner for Patents  
United State Patent and Trademark Office  
Post Office Box 1450  
Alexandria, VA 22313-1450

LETTER

Dear Sir:

Applicant respectfully submits a Change of Correspondence Address and  
Executed Power of Attorney/Agent (37 CFR 1.34) for the above-captioned application.

Please charge any fees required by this submission to Deposit Account No. 04-  
1403.

Respectfully submitted,

  
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Date: June 10, 2004


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on June 10, 2004.

Lynn Watkins

  
Signature



## In the United States Patent and Trademark Office

Applicant(s): MacDonald, et al.

Docket No: KCX-839 (18971)

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For: Visual Indicating Device For Bad Breath

Group: 1616  
Examiner: Unknown

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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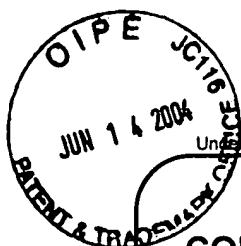
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PTO/SB/122 (06-03)

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Application**Address to:  
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Application Number	10/687,270
Filing Date	October 16, 2003
First Named Inventor	John Gavin MacDonald
Art Unit	1616
Examiner Name	Unknown
Attorney Docket Number	KCX-839 (18971)

Please change the Correspondence Address for the above-identified patent application to:

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- ☐ Applicant/Inventor
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 38,024
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name **Timothy A. Cassidy**Signature Date **June 10, 2004**Telephone **864-271-1592**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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